

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>HN</i>	<i>67017</i>	<i>9/9/00</i>
O.I.P.E. CLASSIFIER	<i>[Signature]</i>	<i>12</i>	<i>9/11/00</i>
FORMALITY REVIEW	<i>[Signature]</i>	<i>5-C 886</i>	<i>10-18-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	03/04/00
2	11/22/00
3	02/02/00
4	02/02/00
5	02/02/00
6	02/02/00
7	02/02/00
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9	02/02/00
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Claim	Date
51	03/04/00
52	11/22/00
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Claim	Date
101	03/04/00
102	11/22/00
103	02/02/00
104	02/02/00
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150	02/02/00

If more than 150 claims or 10 actions  
staple additional sheet here

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